- 3. On or about October 9, 2012, Respondent was served by Certified Mail copies of the Accusation Case No. 2013-250, Statement to Respondent, Notice of Defense, Request for Discovery, and Discovery Statutes (Government Code sections 11507.5, 11507.6, and 11507.7) at Respondent's address of record which, pursuant to Business and Professions Code section 4100, is required to be reported and maintained with the Board, which was and is: 9730 River St., Apt. 2 Schiller Park, IL 60176.
- 4. Service of the Accusation was effective as a matter of law under the provisions of Government Code section 11505, subdivision (c) and/or Business & Professions Code section 124.
- 5. On or about October 24, 2012, the domestic return receipt was received by the Board of Registered Nursing indicating a delivery date of October 13, 2012.
  - 6. Government Code section 11506 states, in pertinent part:
  - (c) The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing.
- 7. Respondent failed to file a Notice of Defense within 15 days after service upon her of the Accusation, and therefore waived her right to a hearing on the merits of Accusation Case No. 2013-250.
  - 8. California Government Code section 11520 states, in pertinent part:
  - (a) If the respondent either fails to file a notice of defense or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent.
- 9. Pursuant to its authority under Government Code section 11520, the Board finds Respondent is in default. The Board will take action without further hearing and, based on the relevant evidence contained in the Default Decision Evidence Packet in this matter, as well as taking official notice of all the investigatory reports, exhibits and statements contained therein on file at the Board's offices regarding the allegations contained in Accusation Case No. 2013-250,

## **ORDER**

IT IS SO ORDERED that Registered Nurse License 342582, heretofore issued to Respondent Susan Mary Williams, is revoked.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective on MARCH 29, 2013.

It is so ORDERED MARCH 1, 2013.

FOR THE BOARD OF REGISTERED NURSING DEPARTMENT OF CONSUMER AFFAIRS

default decision\_LIC.rtf DOJ Matter ID:LA2011501306

Attachment:

Exhibit A: Accusation

Exhibit A

Accusation

KAMALA D. HARRIS Attorney General of California 2 KAREN B. CHAPPELLE Supervising Deputy Attorney General 3 GLORIA A. BARRIOS Supervising Deputy Attorney General State Bar No. 94811 4 300 So. Spring Street, Suite 1702 Los Angeles, CA 90013 5 Telephone: (213) 897-2540 6 Facsimile: (213) 897-2804 Attorneys for Complainant 7 BEFORE THE 8 **BOARD OF REGISTERED NURSING** DEPARTMENT OF CONSUMER AFFAIRS 9 STATE OF CALIFORNIA 10 Case No. 2013 - 250 In the Matter of the Accusation Against: 11 SUSAN MARY WILLIAMS 12 9730 River St. Apt. 2 Schiller Park, IL 60176 ACCUSATION 13 Registered Nurse License No. 342582 14 Respondent. 15 16 Complainant alleges: 17 **PARTIES** 18 Louise R. Bailey, M.Ed., RN, (Complainant) brings this Accusation solely in her 1. 19 official capacity as the Executive Officer of the Board of Registered Nursing, Department of 20 Consumer Affairs. 21 2. On or about April 30, 1982, the Board of Registered Nursing (Board) issued 22 Registered Nurse License Number 342582 to Susan Mary Williams (Respondent). The 23 Registered Nurse License was in full force and effect at all times relevant to the charges brought 24 herein and expired on May 31, 2012, unless renewed. 25 111 26 111 27 /// 28

#### **JURISDICTION**

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

#### STATUTORY PROVISIONS

- 4. Section 2750 of the Code provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with Code section 2750) of the Nursing Practice Act.
- 5. Section 118(b) of the Code provides, in pertinent part, that the expiration of a license shall not deprive the Bureau jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated. Under section 2892.1 of the Code, the Bureau may renew an expired license at any time within four years after the expiration.
- 6. Code section 2764 provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under Code section 2811, subdivision (b), the Board may renew an expired license at any time within eight years after the expiration.
  - 7. Code section 2761 states, in pertinent part:

The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

- (a) Unprofessional conduct...
- 8. Code section 2762 states, in pertinent part:
- (a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a) of this section.

#### **COST RECOVERY**

- 9. Section 125.3 of the Code provides, in pertinent part:
- (a) Except as otherwise provided by law, in any order in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bring the proceeding, the administrative law judge may direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.
- (i) Nothing in this section shall preclude a board from including the recovering of the costs of investigation and enforcement of a case in any stipulated settlement.

#### **DRUG DEFINITION**

- 10. **Oxycodone** is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M), and is categorized as dangerous drug pursuant to Business and Professions Code section 4022.
- 11. **Hydromorphone (Dilaudid)** is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(J) and a dangerous drug pursuant to Business and Professions Code section 4022. It is a narcotic analyses used for the relief of severe pain.
- 12. **Morphine Sulfate** is a Schedule II controlled substance pursuant to Health and safety Code section 11055, subdivision (b)(1)(L) and is categorized as a dangerous drug pursuant to Business and Professions Code section 4022. It is a potent opioid analgesic for relief of moderate to severe pain.
- 13. **Norco** is the brand name for the combination narcotic, Hydrocodone and Acetaminophen, and a Schedule III pursuant to health and Safety Code section 11056, subdivision (e) and is categorized as a dangerous drug pursuant to Business and Professions Code section 4022.

14. **Percocet** is a trade name for a combination of oxycodone and acetaminophen (**Oxycodone/apap**). It is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e)(1) and a dangerous drug pursuant to Business and Professions Code section 4022.

## FACTUAL ALLEGATIONS

- 15. In 2011, Respondent worked as a registry nurse at St. John's Health Center, located in Santa Monica, CA (the Hospital). At all times relevant to this matter, the Hospital uses a medication dispensing machine known as the Omnicell<sup>1</sup> machine. Hospital policy requires nurses not to reveal their personal access code to anyone for security reasons.
- 16. On September 19, 2011, Patient A, a 64-year old female, was admitted to the Hospital for a hip replacement. Per physician's orders, Patient A was to receive 2 tablets of Percocet (Oxycodone/apap) every 4 hours as needed for pain. At 10:13 am on Sept. 21, 2011, Respondent withdrew 2 tablets of Percocet. She recorded that she administered the medication at 10:20 am to Patient A on the Medication Administration Record (MAR). The patient's medical records do not reflect she received the Percocet. No record of wastage found. Medication not accounted for: 2 tablets of Percocet.
- 17. On September 20, 2011, Patient B, a 25-year old male, was admitted to the Hospital for back pain and urinary retention. Per physician's orders, Patient B was to receive 1 mg of Dilaudid every hour as needed for pain. At 8:02 am on Sept. 21, 2011, Respondent withdrew 2 mg of Dilaudid. She wasted 1 mg. of Dilaudid. She withdrew 2 mg of Dilaudid at 8:06 am, 10:29 am, 1:14 pm, and 3:21 pm. The MAR reflects that on Sept. 21, 2011, she administered 1 mg of Dilaudid to Patient B at 8:10 am, 9:10 am, 10:30 am, 1:35 pm, and 3:25 pm. Medication not accounted for: 4 mg of Dilaudid.
- 18. On September 16, 2011, Patient C, a 82-year old female, was admitted to the Hospital suffering from a fall and hip pain. Per physician's orders, Patient C was to receive 1 mg of

<sup>&</sup>lt;sup>1</sup> The Omnicell is a computerized automated medication dispensing machine. The user enters a pin number to gain access and dispense medication from the machine. The machine records the user name, patient name, medication, dose, date and time of the withdrawal. The Omnicell is integrated with hospital pharmacy inventory management systems

Dilaudid every 2 hours as needed for pain. Respondent withdrew 2 mg of Dilaudid at 7:33 am, and 8:57 am on Sept. 21, 2011. The MAR reflects that on Sept. 21, 2011, she administered 1 mg of Dilaudid to Patient C at 8:55 am, and 10:55 am. No record of wastage found. Medication not accounted for: 2 mg of Dilaudid.

- 19. On September 15, 2011, Patient D, a 58-year old female, was admitted to the Hospital due to a motor vehicle accident. Per physician's orders, Patient D was to receive .5 mg of Dilaudid every 2 hours as needed for pain. Respondent withdrew 2 mg of Dilaudid at 8:34 am, 1:22 pm, and 6:11 pm on Sept. 18, 2011. At 6:14 pm, Respondent wasted 1.6 mg of Dilaudid. At 6:36 pm, she wasted 2 mg of Dilaudid. The MAR reflects that on Sept. 18, 2011, she administered .5 mg of Dilaudid to Patient D at 8:30 am, 2:00 pm, and 6:10 pm. Medication not accounted for: .9 mg of Dilaudid.
- 20. Respondent withdrew 2 mg of Dilaudid at 7:48 am, 10:56 am, 1:55 pm, 3:30 pm, and 5:27 pm for Patient D on Sept. 19, 2011. At 5:26 pm, Respondent wasted 1.6 mg of Dilaudid. The MAR reflects that on Sept. 19, 2011, she administered 2 mg of Dilaudid to Patient D at 10:55 am, 1:00 pm, 3:00 pm, and 5:00 pm. Medication not accounted for: .4 mg of Dilaudid.
- 21. On September 19, 2011, Patient E, a 57-year old male, was admitted to the Hospital for a knee replacement. Per physician's orders, Patient E was to receive 3 mg of Morphine Sulfate intravenous (IV) every 2 hours as needed for pain. Respondent withdrew 4 mg of Morphine Sulfate at 1:05 pm, and 3:57 pm on Sept. 19, 2011. The MAR reflects that on Sept. 19, 2011, she administered 3 mg of Morphine Sulfate to Patient E at 1:25 pm, and 3:00 pm. No record of wastage found. Medication not accounted for: 2 mg of Morphine Sulfate.
- 22. On September 18, 2011, Patient F, a 52-year old male, was admitted to the Hospital suffering from diverticulitis. Per physician's orders, Patient F was to receive 4 mg of Morphine Sulfate IV every 2 hours as needed for pain and 2 Norco tables as needed for pain. Respondent withdrew 4 mg of Morphine Sulfate at 11:18 am, and 4:10 pm on Sept. 19, 2011. The MAR reflects that on Sept. 19, 2011, she administered 3 mg of Morphine Sulfate to Patient F at 11:20 am, and 4:10 pm. No record of wastage found. Medication not accounted for: 2 mg of Morphine Sulfate.

- 23. On September 16, 2011, Patient G, a 76-year old female, was admitted to the Hospital for a knee replacement. Per physician's orders, Patient G was to receive .4 mg of Dilaudid IV every 2 hours as needed for pain and 2 Norco tables as needed for pain. Respondent withdrew 2 mg of Dilaudid at 8:41 am, 11:51 am, and 5:26 pm on Sept. 17, 2011. The MAR reflects that on Sept. 17, 2011, she administered .4 mg of Dilaudid to Patient G at 8:00 am, and 11:35 am. The MAR also reflects that on Sept. 17, 2011, she administered 2 tablets of Norco to Patient G at 5:40 pm. No record of wastage found. No record of withdrawing Norco from Omnicell. Medication not accounted for: 5.2 mg of Dilaudid.
- 24. Respondent withdrew 2 mg of Dilaudid at 7:32 am, 11:04 am, and 3:49 pm for Patient G on Sept. 18, 2011. The MAR reflects that on Sept. 18, 2011, she administered .4 mg of Dilaudid to Patient G at 8:00 am, 11:00 am, and 4:00 pm. No record of wastage found. Medication not accounted for: 4.8 mg of Dilaudid.
- 25. Respondent withdrew 2 mg of Dilaudid at 6:57 am for Patient G on Sept. 19, 2011. At 5:26 pm, Respondent wasted 1.6 mg of Dilaudid. The MAR reflects that on Sept. 19, 2011, she administered .4 mg of Dilaudid to Patient G at 7:30 am. Medication not accounted for: 1.6 mg of Dilaudid.
- 26. On September 14, 2011, Patient H, a 57-year old male, was admitted to the Hospital suffering from acute abdominal pain. Per physician's orders, Patient H was to receive .5 mg of Dilaudid every 3 hours as needed for pain. Respondent withdrew 2 mg of Dilaudid at 7:48 am, and 1:44 pm on Sept. 17, 2011. The MAR reflects that on Sept. 17, 2011, she administered .5 mg of Dilaudid to Patient H at 8:30 am, and 12:30 pm. No record of wastage found. Medication not accounted for: 3 mg of Dilaudid.
- 27. On September 16, 2011, Patient I, a 78-year old male, was admitted to the Hospital for hip hardware removal. Per physician's orders, Patient I was to receive 2 Norco tablets every 4 hours as needed for pain. Respondent withdrew 2 Norco tablets at 9:39 am, 10:05 am, and 5:29 pm on Sept. 17, 2011. The MAR reflects that on Sept. 17, 2011, she administered 2 Norco tablets to Patient I at 10:00 am. No record of wastage found. Medication not accounted for: 4 Norco tablets.

- 28. On August 30, 2011, Patient J, a 47-year old male, was admitted to the Hospital for back surgery. Per physician's orders, Patient J was to receive .5 mg of Dilaudid every 3 hours as needed for pain. Respondent withdrew 2 mg of Dilaudid at 1:07 pm, 2:54 pm, 3:59 pm, and 6:00 pm on Aug. 30, 2011. The MAR reflects that on Aug. 30, 2011, she administered .5 mg of Dilaudid to Patient J at 1:00 pm, 4:30 pm, and 7:00 pm. No record of wastage found. Medication not accounted for: 6.5 mg of Dilaudid.
- 29. On August 26, 2011, Patient L, a 29-year old male, was admitted to the Hospital suffering from an ulcer. Per physician's orders, Patient L was to receive 1 mg of Dilaudid every 3 hours as needed for pain. Respondent withdrew 2 mg of Dilaudid at 7:29 am, 10:40 am, and 1:32 pm, on Aug. 27, 2011. The MAR reflects that on Aug. 27, 2011, she administered 1 mg of Dilaudid to Patient L at 7:30 am, 10:45 am, and 1:40 pm. No record of wastage found. Medication not accounted for: 3 mg of Dilaudid.
- 30. On August 9, 2011, Patient M, a 54-year old male, was admitted to the Hospital suffering from acute pancreatitis. Per physician's orders, Patient M was to receive 1 mg of Dilaudid every 2 hours as needed for pain. Respondent withdrew 2 mg of Dilaudid at 7:38 am, 8:07 am, 10:25 am, 12:34 pm, 1:19 pm, 3:08 pm, 4:35 pm, and 5:39 pm, on Aug. 10, 2011. The MAR reflects that on Aug. 10, 2011, she administered 1 mg of Dilaudid to Patient M at 8:25 am, 2 mg at 10:30 am, 12:30 pm, 2:30 pm, 4:30 pm, and 6:30 pm. Respondent did not follow the physician's orders, in that she administered 2 mg of Dilaudid every 2 hours, not 1 mg. No record of wastage found. Medication not accounted for: 5 mg of Dilaudid.
- 31. The total amount of narcotics which Respondent could not account for is 42.4 mg. of Dilaudid, 4 mg of Morphine Sulfate, 2 Percocets, and 4 tablets of Norco.

# FIRST CAUSE FOR DISCIPLINE

#### (Unprofessional Conduct)

32. Respondent is subject to disciplinary action under Code section 2761, subdivision (a) on the grounds of unprofessional conduct that during her employment at the Hospital, Respondent was diverted narcotics. Complainant refers to and incorporates all the allegations contained in paragraphs 15 through 31, as though set forth fully.

1	///
2	///
3	
4	SECOND CAUSE FOR DISCIPLINE
5	(Drug Possession)
6	33. Respondent is subject to disciplinary action for unprofessional conduct under section
7	2862, subdivision (a) of the Code in that during her employment at the Hospital, Respondent
8	unlawfully possessed drugs. Complainant refers to and incorporates all the allegations contained
9	in paragraphs 15 through 31, as though set forth fully.
10	<u>PRAYER</u>
11	WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
12	and that following the hearing, the Board of Registered Nursing issue a decision:
13	1. Revoking or suspending Registered Nurse License Number 324582, issued to Susan
14	Mary Williams;
15	2. Ordering Susan Mary Williams to pay the Board of Registered Nursing the
16	reasonable costs of the investigation and enforcement of this case, pursuant to Business and
17	Professions Code section 125.3;
18	3. Taking such other and further action as deemed necessary and proper.
19	
20	
21	DATED: OCTOBER 09 2012 HALL Ben
22	Louise R. Bailey, M.Ed., RN,
23	Executive Officer  Board of Registered Nursing  Department of Consumer Affairs
24	Department of Consumer Affairs State of California
25	Complainant
26	SD2012703229 51137322.doc
27	
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